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(Business Entity Name)	
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COVER LETTER

Divi	sion of Corp	orations		
SUBJECT:	REM 6 Deve	elopment, LLC		
Jongine i .	<u>-</u>	Name of Limit	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		Rita M. Wilson		
			Name of Person	
		REM 6 Development		
			Firm/Company	 .
		PO Box 418		
			Address	
		Boynton Beach, FL 33425		
		ritawilson28@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	cation)
For further in	nformation co	ncerning this matter, please ca	11:	
Rita M. Wils	son		561 531-1310	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
≅ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

~ = N

Rem 6 Development, LLC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	10 m
The Articles of Organization for this Limited Liabili Florida document number L15000092817 This amendment is submitted to amend the followin	<u></u> .	
A. If amending name, enter the new name of the		,
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)	:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	K)	
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Floric	la
	City	гар Соае

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kathryn Ross	3035 Weber Road Malabar, FL 32950	
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
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Effective date, if other than the	late of filing:	(0	ptional)
(If an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Dep	ck does not meet the applicat	date of filing or more than 90 days to be statutory filing requirements,	after filing.) Pursuant to 605.0207 (3) , this date will not be listed as the
the record specifies a delayed) The 90th day after the reco		an effective time, at 12:0	11 a.m. on the earlier of:
November 14	2019		
Ptr M. Wilson		zed representative of a member	
-\ s	ignature of a member or author	zed representative of a member	
Rita M. Wilson			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00